

REQUEST FOR INTERVIEW			
TO: Confinement Officer			DATE
REQUEST THAT I BE AUTHORIZED AN INTERVIEW WITH THE PERSON NAMED BELOW			
NAME OR TITLE			
SUBJECT AND PURPOSE OF THE INTERVIEW			
PRISONER'S NAME <i>(Printed)</i>	SERVICE NO./SSN	DEPT. OF MIL. SERVICE	SIGNATURE OF PRISONER
<p style="text-align: center;"><b>ACTION</b> <i>(To be filled in by Confinement Officer)</i></p>			
INTERVIEW WAS <input type="checkbox"/> AUTHORIZED <input type="checkbox"/> NOT AUTHORIZED <i>(Show reasons under Remarks)</i>			DATE
FORWARDED TO <i>(Name, Grade, and Organization, printed)</i>			DATE
INTERVIEW WAS HELD WITH <i>(Name, Grade, and Organization, printed)</i>			DATE
REMARKS			
NAME AND GRADE OF CONFINEMENT OFFICER <i>(Printed)</i>		SIGNATURE OF CONFINEMENT OFFICER	